



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

FILE COPY

April 2, 2007

Kimberly Phelan, Administrator
Hawthorne Assisted Living
4345 S Varian Avenue
Boise, ID 83709

License #: RC-805

Dear Ms.. Phelan:

On February 15, 2007, a life safety code survey was conducted at Hawthorne Assisted Living. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Eric Mundell, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

ERIC MUNDELL
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

EM/sc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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February 20, 2007

Kimberly Phelan, Administrator
Hawthorne Assisted Living
4345 S Varian Avenue
Boise, ID 83709

Dear Ms.. Phelan:

On February 15, 2007, a life safety code survey was conducted at Hawthorne Assisted Living. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 17, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Grimes". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R805	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 1 B. WING _____		(X3) DATE SURVEY COMPLETED 02/15/2007
NAME OF PROVIDER OR SUPPLIER HAWTHORNE ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 3210 NORTH HAWTHORNE DRIVE BOISE, ID 83703		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on February 15, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety & Construction Program</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name Hawthorne Assisted Living	Physical Address 3210 N Hawthorne Drive	Phone Number 336.6868
Administrator Leslie Erfarth	City Boise	ZIP Code 83703
Survey Team Leader Eric Mundell	Survey Type Fire / Life Safety	Survey Date 2/15/07

NON-CORE ISSUES

[illegible]

Response Required Date	Signature of Facility Representative	Date Signed
March 19, 2007	X 	2-15-07